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Provision of Mentorship Services for Midwives Working in Remote Areas in the Workplaces of Afghanistan

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Abstract

Background

Midwives working in remote facilities have little opportunity to receive technical support and coaching services. To close this gap and support rural midwives the Afghan Midwives Association (AMA) designed a field-based mentorship program for midwives working in remote areas.

Methods

The process included five stages:

1. Conduct base line assessment of mentees (midwives) and health facilities.
2. Identify and select of mentees through competitive process.
3. Provide on-the-job coaching and mentoring services to the mentees.
4. Assess the progress of the midwives regularly using existing quality assurance performance standards.
5. End-line / final evaluation

Results:

That results of assessments were encouraging antenatal care (ANC), rising from an average of 20% at the baseline to 88% in the final assessment round. Comparable improvements were found for normal labor, childbirth, and immediate newborn care (19% to 85%), postnatal care (16% to 85%), management of antenatal, intra-partum and postpartum complications (15% to 94%), and support systems (38% to 81%).

Keywords

Mentors, Mentees, Afghan Midwives Association, Coaching, rural

Introduction

Every year over 287,000 women and over 3 million infants around the world die as a result of preventable pregnancy and childbirth complications¹. Most of these deaths would be prevented if there were enough qualified and adequately resourced midwives. Hence, an extra 350,000 midwives worldwide are urgently needed. Without these additional midwives millions of women and newborns are suffering long lasting disability because they do not have access to basic health care during childbirth².

In Afghanistan, there has been considerable progress over the past decade in the reduction of maternal and neonatal mortality; yet, there is a long way to go. Still, 1 in every 50 women in Afghanistan will die from a pregnancy-related cause during her lifetime. In other words, an Afghan woman will die about every 2 hours from a pregnancy-related cause³. The current number of midwives is approximately 3000; however, according to the State of World Midwifery Report 2011, to attain 95% skilled birth attendance in Afghanistan we need to have additional 7,359 professional midwives by 2015².

Midwives have definitely had a huge impact on the reduction of maternal and infant deaths; however, midwives need to be well qualified and adequately resourced Universal access to a well-educated, regulated midwifery workforce in a health system, with adequate equipment and supplies, could prevent up to 60% of maternal deaths¹.

Many people in Afghanistan live and work in remote and rural areas. Midwives working in remote facilities have little opportunity to receive technical support and coaching services from certified midwife trainers, due to the direct and opportunity costs involved in regular institutional training, for both for the midwives and the health system. To close this gap, the Afghan Midwives Association (AMA), in line with its mandate of supporting midwives, designed a novel field-based mentorship program, in which certified national midwifery trainers were tasked to travel to rural health facilities and provide mentorship services to the midwives working there.

The mentorship program provided support to the new midwives by attaching them with mentors^a in order to empower them to practice according to their full competencies and capacities. The proposal's contents and methods were generated by the AMA leaders at their Governing Body meeting in 2009, as a product of a workshop.

The Mentorship program aimed to strengthen both the existing health care system and the quality of midwifery care by providing continuing education to health care providers (midwives). The main responsibility of the mentors was to provide on the job training and ongoing support as needed, to assist them address the plethora of needs and challenges they will likely to face on the job.

Main objective

To develop the professional capacity of midwives in targeted provinces via mentorship program so that midwives become capable of providing quality and safe maternal and newborn care services.

^a Mentor; Experienced and competent midwife interested in supporting and facilitating for the new midwives. Good and capable in transferring own knowledge and skills but also respected and accepted in the community.

Target group

The primary target group was midwives working in the health facilities, who would be the aim beneficiaries. The indirect beneficiaries would be mothers, newborns, and families living in the catchment area.

The secondary target group was the provincial health directorates and the implementers of the basic package of health services, of selected provinces.

Implementation site

The AMA mentorship program started in 2011 with the financial support of the Swedish Committee for Afghanistan (SCA). This program was designed to be implemented as a pilot project (2011 – 2012) in 27 health facilities, in six provinces of Afghanistan, namely: Parwan, Kapisa, Samangan, Saripul, Wardak, and Laghman.

Methodology

The process included:

- a) Developing and finalizing mentorship tools with the support of experts – tools were finalized after field testing
- b) Conducting base line assessment of mentees (midwives) and health facilities.
- c) Identification and selection of mentees through a competitive process.
- d) Provision of on the job coaching and mentoring services to the mentees in their workplace: Figure 1 shows the mentorship cycle.
- e) Regular assessment of the progress of the midwives, using existing quality assurance performance standards for antenatal care (ANC); normal labor, childbirth, and immediate newborn care (NLCINC); postnatal care (PNC); and management of antenatal, intra-partum and postpartum complications (MAIPC).
- f) Assessment of availability of the necessary support systems (SPS), i.e. infrastructure, supplies, equipment, and management provisions.
- g) Based on the interim assessment findings, develop action plans with the mentees and health facility in-charges for the improvement of services.
- h) Conducting end-line assessment or final evaluation.

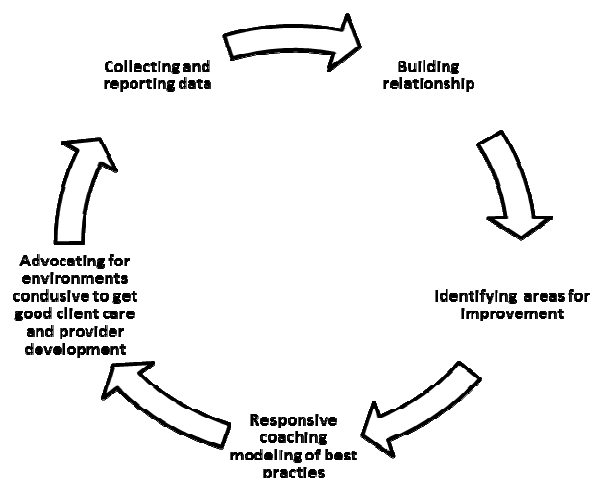


Figure 1: Mentorship cycle

Results

The percentage of standards that were met during the assessments can be used as baseline data to measure health facilities and mentees progress in improving the quality of care. Table 1 shows baseline data as well as Interim 1-3 and External 1. As a result of the program the percentage increased dramatically; with antenatal care rising from an average of 20% at the baseline, to 43% in the interim round, and 88% in the final assessment round. Comparable improvements were found for NLCINC postnatal care MAIPC, and SPS as shown in Table 1.

Assessment	ANC%	NLCINC%	PNC%	MAIPC%	SPS%
Baseline Survey	20%	19%	16%	15%	38%
Interim (1)	43%	44%	47%	49%	51%
Interim (2)	71%	76%	72%	65%	72%
External (1)	80%	74%	80%	74%	77%
Interim (3)	89%	88%	84%	86%	79%
Final Survey	88%	85%	85%	94%	81%
Total	65%	64%	64%	63%	66%

Table 1

Results of various assessments during and after the implementation Mentorship Program

Legend

ANC= antenatal care; NLINC= Normal Labor, Childbirth, and Immediate Newborn Care
PNC = postnatal care; MAIPC= Management of Antenatal, Intra-partum and Postpartum Complications; SPS= Support Systems.

Discussion

The results were encouraging because they showed obvious continual progress, not only in the knowledge and skills of midwives but also at the facility resource availability level. AMA is deeply interested in the expansion of the program to the other facilities but due to financial constraints is unable to do so. The mentorship program can be considered as a successful model for the in-service education. Therefore, AMA strongly recommends the expansion of the Mentorship program across the country because this will help the Ministry of Public Health achieve its objective of rapidly expanding access to quality health services.

Conclusion

The field mentorship program for midwives working in remote areas, using the available trainers and health services network, results in consistent improvement of their competence as well as the supportive environment of their workplace.

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